



ALABAMA BOARD OF COSMETOLOGY

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PERSONAL ADDRESS CHANGE REQUEST

REQUIREMENTS

- 1. This is Not a License Renewal Form.**
- 2. There is No Fee For Change of Address.**
- 3. Please Return This Form to the Board Office.**
- 4. We Must Have Your Correct Address For Mailing Renewal Notices.**

Please Print

Last Name First Name Initial Record ID #

Social Security Number Date of Birth

FORMER ADDRESS:

Street City County Zip Phone

NEW ADDRESS:

Street City County Zip Phone

Signature Date